



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street - Boston, MA 02114

GUIDELINES FOR CLINICAL EDUCATION EXPERIENCES

The Board's regulations at *244 CMR 6.04: Standards for Nursing Education Program Approval* are designed to provide a framework for the protection of the public's health, safety and welfare. The following guidelines, based on the Board's regulations at 244 CMR 6.04, identify the important role of nursing faculty in planning and implementing clinical learning experiences, regardless of setting.

244 CMR 6.04(1) (e)

Faculty shall develop and implement a written plan for the systematic evaluation of all components of the program. This evaluation shall include the measurement of the outcomes of the program. The results of the evaluation shall be used for the development, maintenance and revision of the program.

244 CMR 6.04(2) (b) 5

Program faculty shall maintain expertise appropriate to teaching responsibilities.

244 CMR 6.04(3) (b)

Program faculty shall evaluate student achievement of nursing competencies.

244 CMR 6.04(4) (a)

Program faculty shall develop a nursing curriculum plan which shall provide a variety of learning experiences consistent with the program's mission or philosophy, and outcomes or goals. The sciences, arts, humanities, and foundations of the profession shall be an integral part of the nursing curriculum plan.

244 CMR 6.04(4) (b) 2

The curriculum shall be based on an organized pattern of instruction consistent with principles of learning and educational practice.

244 CMR 6.04(4) (b) 3

The curriculum shall provide instruction in the discipline of nursing, appropriate to the Registered Nurse or Practical Nurse level, across the lifespan and include content relevant to national and local health care needs.

244 CMR 6.04(4) (b) 5

The curriculum shall identify the level of student achievement expected at defined points in the program.

244 CMR 6.04(5) (b)

The allocation of resources shall be appropriate in meeting the goals and outcomes of the program by determining the student-faculty ratio in clinical practice by the complexity of the educational experience, the

student's level of knowledge and skill, and patient needs. The ratio shall not exceed ten students to one faculty member (10:1).

244 CMR 6.04(5) (c)

The allocation of resources shall be appropriate in meeting the goals and outcomes of the program by providing for current and comprehensive learning resources developed with faculty input. These resources shall be available and accessible to students and faculty

244 CMR 6.04(5) (f)

The allocation of resources shall be appropriate in meeting the goals and outcomes of the program by developing written agreements with cooperating agencies utilized as clinical learning sites. Agreements shall be developed and reviewed annually by both program and agency personnel. Agreements shall be current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency.

I. Selection of settings for student experiences

- A. The selection of clinical learning experiences should be based on an evaluation of:
 - 1. the appropriateness of the experience in meeting identified course objectives and curriculum outcomes;
 - 2. the knowledge and skill level of the student, the acuity of the client population, and the experience of the clinical staff with students; and
 - 3. the availability of support resources.
- B. Settings for clinical education should be appropriate for the level of practitioner being prepared.
- C. Routinely scheduled evaluation of the effectiveness of student learning experiences should include faculty, student(s), and clinical and administrative staff of the affiliating agency.
- D. Factors to be considered when developing criteria for the selection of clinical education experiences include, but are not limited to the:
 - 1. role (if present) of nursing in the setting;
 - 2. opportunities for the student to practice nursing safely;
 - 3. ability of program faculty to provide adequate and safe supervision of student practice;
 - 4. willingness of the setting to accommodate student experiences;
 - 5. number of other programs/students using the setting concurrently;
 - 6. interdisciplinary nature of the site;
 - 7. physical safety of students;
 - 8. geographic location of the affiliating agency; and
 - 9. administration of medications by certified, unlicensed staff of the affiliation agency is consistent with Department of Public Health regulations (e.g.: group homes, school systems).

- E. Additional factors to be considered when developing criteria for the selection of clinical precepted nursing experiences include, but are not limited to the:
1. opportunities for students to benefit from learning experiences that occur after the initial acquisition of basic nursing skills and which are provided under the direct leadership and supervision of a preceptor; and
 2. availability of preceptors who are registered nurses currently licensed in Massachusetts, who are not members of the educational program and who serve as facilitators of student learning in the practice setting. A preceptor is required to have a baccalaureate degree in nursing, master's in nursing preferred and expertise in the clinical area being precepted.

II. Responsibilities of program faculty in the selection and supervision of clinical experiences

- A. When planning for student clinical learning experiences, faculty should consider the health, safety and welfare of clients as a priority. The complexity of the learning situation, student level, and the safety of the client, as identified by faculty evaluation, determine the teacher student ratio in clinical settings, and the degree of supervision which is required. The clinical education ratio cannot exceed 1:10.
- B. In selecting learning experiences, faculty are responsible for:
1. the evaluation of
 - a. student knowledge and skills
 - b. client acuity
 - c. experience level of staff
 - d. support service availability
 - e. appropriateness of clinical experiences in meeting the identified course objectives and curriculum outcomes
 - f. mechanisms for communication between agency staff, students, and faculty
 - g. client population;
 2. the establishment of relationships with
 - a. the clinical agency
 - b. individual agency staff who work with students;
 3. orientation of students to the facility (i.e.: policies, procedures, communication mechanisms, equipment, documentation systems), role expectations, and learning objectives;
 4. orientation of agency staff which includes:
 - a. roles and responsibilities of staff, faculty, and students
 - b. knowledge and skill level of students
 - c. course objectives and curriculum outcomes
 - d. accountability and responsibility of faculty and students related to student competence;
 5. initial and on-going orientation to the agency which includes:
 - a. roles and responsibilities of clinical and administrative staff
 - b. policies and procedures
 - c. equipment; and
 6. monitoring that all parties are meeting agreements.

- C. Program faculty are responsible and accountable for planning, implementing, and evaluating student learning. Program faculty should be readily available to students and agency staff during clinical learning experiences. Ready availability may be accomplished by phone/pager, or other telecommunication tools. Accountability for the use of telecommunication tools remains with the program faculty.
- D. Program faculty must be competent in the practice area involving the learning experience.
- E. In addition program faculty selecting to use a preceptorial learning experience should have:
 - 1. a designated faculty member who is responsible for the coordination of the experience;
 - 2. a preceptor who would lead, guide and advise students in a dynamic relationship that facilitates synthesis of skills, promotes independence, autonomy and self actualization. As a direct supervisor, a preceptor provides guidance for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity;
 - 3. a preceptor responsible for directly facilitating learning activities of no more than two (2) students at one time; and
 - 4. a written agreement with the cooperating agency, which includes specific responsibilities of program, student, preceptor and faculty. Such agreement shall be current and reviewed annually.

III. Education Policy 02-02 Waiver Option 3: Novice Nurse Educator Mentorship

- A. Board regulation, 244 CMR 6.04(2)(b) 3 requires faculty teaching either the theoretical or clinical component of a nursing course to possess an earned master's degree in nursing, or to possess an earned doctorate degree in nursing, for appointment to the faculty of a Registered Nurse program.
- B. Education Policy 02-02 establishes criteria for the waiver of 244 CMR 6.04(2)(b) 3 in the appointment of otherwise qualified faculty to Registered Nurse programs for the purpose of clinical or skills laboratory instruction. While the Board expects approved Registered Nurse programs to comply with regulation 244 CMR 6.04(2)(b) 3, it recognizes that approved Registered Nurse programs may choose to apply to the Board for a 244 CMR 6.04(2)(b) 3 waiver as a short-term strategy to respond to regional shortages of nurse educators qualified in accordance with 244 CMR 6.04(2)(b) 3. In instances where a Registered Nurse program applies to the Board for a waiver under the policy's Waiver Criterion 3, implementation of a mentorship is required to promote the ongoing development of the novice nurse clinical or laboratory educator (novice educator) to experienced nurse educator, and should include:
 - Designation of an experienced nurse educator, qualified in accordance with 244 CMR 6.04(2)(b), to mentor the novice educator;
 - Recognition that the mentor and the novice educator:
 - must each engage in the practice of nursing in accordance with accepted standards of practice (i.e. authoritative statements that describe a level of care of performance common to the nursing profession by which the quality of nursing practice can be judged [244 CMR 9.03(5)]; and
 - are each responsible and accountable for his or her own nursing judgments, actions and competencies (i.e. the application of knowledge and the use of affective, cognitive and

psychomotor skills required for the role of the nurse in the delivery of safe nursing care in accordance with accepted standards of practice [244 CMR 9.03(9)];

- Consideration of the *Five Rights of Novice Educator Mentoring*:

Right course within the nursing curriculum

- Nursing education occurs on a continuum from simple to complex. Decision-making related to the identification of clinical learning experiences for assignment to the novice educator will include consideration of the overall course outcomes and the specific clinical objectives (e.g. Board-approved nursing education programs may determine that the preparation at the graduate or doctoral level in nursing is the appropriate academic credential for the nurse educator assigned to the clinical component of an advanced or synthesis level nursing course).

Right mentor

- The designated mentor demonstrates the ability to select appropriately-leveled learning objectives; design learning activities; employ appropriate teaching strategies; effectively evaluate learner outcomes; foster student independence and accountability; exhibit respect and support for students, faculty colleagues and affiliating agency staff by providing non-judgmental feedback; and promote professional socialization.
- The designated mentor is available and accessible to the novice educator.

Right communication

- A clear formal and informal communication structure is established between mentor and novice educator, and assures that the roles of the mentor and the novice educator are directly communicated.

Right resources

- The Board-approved nursing education program has allocated the requisite resources to facilitate the novice educator's development to experienced nurse educator by:
 - faculty mentor identification;
 - recognizing the contributions of the novice educator's knowledge and expertise to safe nursing practice, and differentiating the educator role based on educational preparation;
 - facilitating the novice educator's participation in graduate nursing education;
 - implementation of a faculty-developed plan that is based on an assessment of the novice educator's knowledge, skills and abilities, and that fosters the novice educator's:
 - development of effective decision making skills related to the selection and assignment of patients based on clinical learning objectives; planning and preparation of pre and post clinical conferences; use of a variety of teaching strategies; role modeling clinical and interpersonal skills; assisting students with critical thinking and problem-solving; student evaluation, and provision of non-judgmental feedback to students;
 - active participation in program and institution governance;
 - participation in professional development programs for nurse educators and long-term commitment to the educator role and life-long learning.

Right evaluation

- The Board-approved nursing education program systematically evaluates the appointment of faculty whose terminal degree is at the baccalaureate level, as well as the mentorship of novice baccalaureate-prepared nurse educators.
- The results of the evaluation, including measurement of the program outcomes (including, but not limited to, NCLEX performance, retention rate, employment rate and patterns, and graduate satisfaction) are used for further development, maintenance and revision of the program.

1. American Association of Colleges of Nursing. (2002). White Paper: Hallmarks of the Professional Nursing Practice Environment. Washington, DC: American Association of Colleges of Nursing.
2. Herrmann, M. M. (1997). The Relationship between Graduate Preparation and Clinical Teaching in Nursing. *Journal of Nursing Education*, 36 (7), 317-322.
3. Lewallen, L. P. (2002). Using Your Clinical Expertise in Nursing Education [Electronic version]. *Clinical Nurse Specialist: The Journal of Advanced Nursing Practice*, 16 (5), 242-246.
4. Massachusetts Board of Registration in Nursing. (1998). 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof. Boston, MA: Author.
5. Massachusetts Board of Registration in Nursing. (1998). 244 CMR 9.00: Standards of Conduct. Boston, MA: Author
6. National Council of State Boards of Nursing. (1996). Subcommittee to Analyze Clinical Experiences Model Guidelines. Chicago, IL: Author.
7. National League for Nursing. (2003). Position Statement on Nurse Educator Preparation. New York, NY: National League for Nursing.

Approved: 12/96 NEC

Revised: 10/97 NEC, 7/98 BRN, 6/04 BRN